

DECLARATION AND POWER OF ATTORNEY

COPY

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of subject matter which is claimed and for which a patent is sought on an invention entitled
NEURAL TRANSPLANTATION USING PLURIPOTENT NEUROEPITHELIAL CELLS

the specification of which is attached hereto unless the following box is checked: ☐

was filed on 12 SEP 96 as United States Application Number or PCT International Application Number PCT/GB96/02251 and was amended on 03 OCT 97 (if any)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56. I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for a patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)Priority Not Claimed

Appln. No. 9518606.0 Country GB Date Filed 12 SEP 95

☐

Appln. No. Country Date Filed

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The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from Gill Jennings & Every, London, England as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

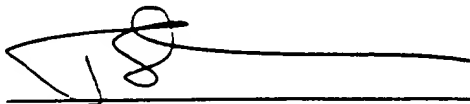
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:
 Roman Saliwanchik, Reg. 21,023; David R. Saliwanchik, Reg. 31,794; Jeff Lloyd, Reg. 35,589; Doran R. Pace, Reg. 38,261; Christine Q. McLeod, Reg. 36,213; Jay M. Sanders, Reg. 39,355; Jean E. Kyle, Reg. 36,987; James S. Parker, Reg. 40,119 and Timothy H. Van Dyke, Reg. P-43,218.

Address all correspondence to
 Saliwanchik, Lloyd & Saliwanchik
 2421 N.W. 41st Street, Suite A-1
 Gainesville, Florida 32606
 USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made in good faith and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of United States Code and that such willful false statements may jeopardise the validity of the application or any patent issued thereon.

Full name of sole or First Inventor John SINDEN

Inventor's signature




Residence address London, United Kingdom.

Post Office address

c/o Institute of Psychiatry, De Crespigny Park, Denmark Hill,
London SE5 8AF, United Kingdom.

Country of Citizenship ~~United Kingdom.~~

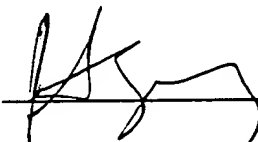
Australia 

Date of signature 20 February 1998

Full name of Second Inventor

Jeffrey A. GRAY

Inventor's signature



Residence address London, United Kingdom.

Post Office address

c/o Institute of Psychiatry, De Crespigny Park, Denmark Hill,
London SE5 8AF, United Kingdom.

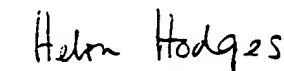
Country of Citizenship United Kingdom.

Date of signature 27th February 1998

Full name of Third Inventor

Helen HODGES

Inventor's signature



Residence address London, United Kingdom.

Post Office address

c/o Institute of Psychiatry, De Crespigny Park, Denmark Hill,
London SE5 8AF, United Kingdom.

Country of Citizenship United Kingdom.

Date of signature 27th February 1998

Full name of
Fourth Inventor

Timothy KERSHAW

Inventor's signature

TK Kershaw

Residence address

London, United Kingdom.

Post Office address

c/o Institute of Psychiatry, De Crespigny Park, Denmark Hill,
London SE5 8AF, United Kingdom.

Country of Citizenship United Kingdom.

Date of signature 20 February 1998

Full name of
Fifth Inventor

Fiza RASHID-DOUBELL

Inventor's signature

Fiza Rashid-Doubell

Residence address

Oxford, United Kingdom.

Post Office address

c/o Department of Human Anatomy, University of Oxford,
South Parks Road, Oxford OX1 3QX, United Kingdom.

Country of Citizenship United Kingdom.

Date of signature 20th February 1998

Applicant or Patent: John SINDEN, Jeffrey A. GRAY, Helen GES, Timothy KERSHAW and
 Fiza RASHID-DOUBELL Attorneys Docket No. GJE-21
 Application or Patent No: Filed or Issued: March 12, 199
 Title: NEURAL TRANSPLANTATION USING PLURIPOTENT NEUROEPITHELIAL CELLS
 VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
 (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

- ☒ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

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NAME OF CONCERN RENEURON LIMITED

ADDRESS OF CONCERN

Marquis House, 67-68 Jermyn Street, London SW1Y 6NY, United Kingdom.

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9 (d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in

- ☐ the specification filed herewith.
☐ the application identified above.
☐ patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organisation having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as small business concern under 37 CFR 1.9(d), or a non profit organisation under 37 CFR 1.9(e)

Each person, concern or organisation having any rights in the invention is listed below:

- ☒ no such person, concern or organisation exists.
☐ each such person, concern or organisation is listed below.

Separate verified statements are required from each named person, concern or organisation having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardise the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING PETER S. KEEN
 TITLE OF PERSON OTHER THAN OWNER DIRECTOR
 ADDRESS OF PERSON SIGNING MARQUIS HOUSE 67/68 JERMYN ST
LONDON SW1 6NY
 SIGNATURE Peter S. Keen DATE 27/2/98

January 12, 2001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No. : GJE-21D2
Applicants : John Sinden, Jeffrey A. Gray, Helen Hodges, Timothy Kershaw, Fiza Rashid-Doubell
For : Neural Transplantation Using Pluripotent Neuroepithelial Cells

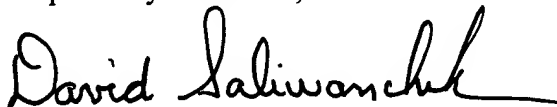
Assistant Commissioner for Patents
Washington, D.C. 20231

ASSOCIATE POWER OF ATTORNEY

Sir:

I hereby appoint Christine Q. McLeod, Reg. No. 36,213; James S. Parker, Reg. No. 40,119; Frank C. Eisenschenk, Reg. No. 45,332; Seth M. Blum, Reg. No. 45,489; Glenn P. Ladwig, Reg. No. 46,853 as my associates to prosecute this application, to make alterations and amendments therein, and to transact all business in the Patent and Trademark Office connected therewith; and request that all correspondence be sent to: David R. Saliwanchik, 2421 N.W. 41st Street, Suite A-1, Gainesville, FL 32606, Phone (352) 375-8100.

Respectfully submitted,



David R. Saliwanchik

Patent Attorney

Registration No. 31,794

Phone No.: 352-375-8100

Fax No.: 352-372-5800

Address : 2421 N.W. 41st Street

Suite A-1

Gainesville, FL 32606

DRS/la